



SEND COMPLETED FORM TO:
The Appropriate State or EPA Regional Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



RCRA Info / Notification 7-10-09 AD

OK

1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number C A D 0 0 0 6 2 9 3 8 6		
3. Site Name (page 14)	Name: Former Printronix/Schlage Lock Facility		
4. Site Location Information (page 14)	Street Address: 1700 Barranca Parkway		
	City, Town, or Village: Irvine	State: CA	
	County Name: Orange	Zip Code: 92606	
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 3 3 3 2 9 3	B. 3 3 4 1 1 9	
	C. 0 4 2 1 4 3	D. 3 3 2 3 2 1	
7. Site Mailing Address (page 15)	Street or P. O. Box: 14600 Myford Rd. and One Centennial Ave.		
	City, Town, or Village: Irvine and Piscataway		
	State: CA and NJ		
	Country: United States	Zip Code: 92606 and 08854	
8. Site Contact Person (page 15)	First Name: Derek	MI:	Last Name: Reed
	Phone Number: 760-479-4131 Extension:		Email address: dreed@dudek.com
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Printronix, Inc.		Date Became Operator (mm/dd/yyyy): 01/01/1980
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: Printronix, Inc.		Date Became Owner (mm/dd/yyyy): 01/01/1980
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

QC 7-13-09 AD

9. Legal Owner (Continued) Address	Street or P. O. Box: 14600 Myford Rd.	
	City, Town, or Village: Irvine	
	State: CA and NJ	
	Country: United States of America	Zip Code: 92606

10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)																	
A. Hazardous Waste Activities Complete all parts for 1 through 6.																	
<p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p>																
B. Universal Waste Activities																	
<p><input type="checkbox"/> <input checked="" type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste that apply:</p> <table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;"><u>Manage</u></th></tr></thead><tbody><tr><td>a. Batteries</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>c. Mercury containing equipment</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.</p>			<u>Manage</u>	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Mercury containing equipment	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>
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f. Other (specify) _____	<input type="checkbox"/>																
g. Other (specify) _____	<input type="checkbox"/>																
C. Used Oil Activities Mark all boxes that apply.																	
<p><input type="checkbox"/> <input checked="" type="checkbox"/> 1. Used Oil Transporter If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>																	

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D039	D040					

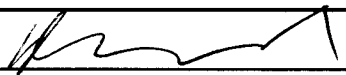
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11).

(See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Derek Reed, Senior Engineer (Authorized Representative)	6/29/09

LETTER OF TRANSMITTAL

To: USEPA Region 9 RCRA Notification 75 Hawthorne Street San Francisco, CA 94105	Date: 6/29/09	Job No. 5315
	Re: USEPA RCRA Subtitle C Site Identification Form	
Ph:	From: Derek Reed	

Transmit Via: ☐ Courier (2 hr or 4 hr) ☒ Overnight ☐ Regular Mail

Include the Following: ☐ Prints () ☐ Sepias ☐ Specifications ☐ See Below

For: ☒ Your Approval ☐ Your Review ☐ Your Files ☐ Your Use ☐ Other

No.	Date	Copies	Description
1	6/29/09	1	USEPA RCRA Subtitle C Site Identification Form

Remarks: (1) hardcopy

Copy To _____ Signed _____

Corporate ENVIRONMENTAL FAX 760.632.8710		IRVINE	PALM DESERT	SANTA BARBARA
Annex NORTH HYDRO/DISTRICT FAX 760.942.5206	Annex South ENGINEERING FAX 760.942.4508	111 Pacifica, Suite 230 Irvine, CA 92618 TEL 949.450.2525 FAX 949.450.2626	75-150 Sheryl Avenue, Suite C Palm Desert, CA 92211 TEL 760.341.6660 FAX 760.346.6118	621 Chapala Street Santa Barbara, CA 93101 TEL 805.963.0651 FAX 805.963.2074

If enclosures are not as noted, kindly notify us at once.

United States Environmental Protection Agency
Region 9
75 Hawthorne Street , (WST-6)
San Francisco, CA 94105

July 15, 2009

DEREK REED
FORMER PRINTRONIX SCHLAGE LOCK FACILITY
14600 MYFORD RD
IRVINE, 92606

The US Environmental Protection Agency (EPA) has updated the information for your RCRA Subtitle C Site under the EPA Identification (ID) Number already assigned to your location (see below). EPA has updated this ID number in response to the RCRA Subtitle C Site Identification Form (8700-12) received from your RCRA Subtitle C Site on July 8, 2009.

By submitting the Form 8700-12, your RCRA Subtitle C Site has notified the EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA ID number for this location is also referred to as a 'RCRA ID number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

RCRA ID number: CAD000629386
is assigned to: FORMER PRINTRONIX SCHLAGE LOCK FACILITY
1700 BARRANCA PKWY
IRVINE, CA 92606

EPA has listed your status as:

Small Quantity Generator

For assistance regarding RCRA regulations, access the following websites:

<http://www.epa.gov/osw/> or <http://epa.gov/epawaste/inforesources/online/index.htm>
or if you need a current version of the Subtitle C Identification Form (8700-12), access
<http://www.epa.gov/osw/inforesources/data/form8700/8700-12.pdf>

For assistance with any other RCRA Notification questions please call the Notification Information Line listed below.

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street
(WST-6/Tetra Tech)
San Francisco, CA 94105

Notification Line (415) 495-8895

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.I. NAME OF IN-
STALLATIONII. INSTALLATION
MAILING
ADDRESSIII. LOCATION OF INSTAL-
LATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FCAD000062938621

T/A C

A

800917

I. NAME OF INSTALLATION

Printronix, Incorporated

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31700 Barranca Avenue

CITY OR TOWN

Irvine

ST.

ZIP CODE

CA 92713

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

Same 1700 BARRANCA AVE

CITY OR TOWN

IRVINE

ST.

ZIP CODE

CA 92713

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

Mc Donnell William Facility Mgr

PHONE NO. (area code & no.)

714-549-8272

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Public Owned Corporation

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	W	C	A	D	0	0	0	6	2	9	3	8	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 7	F 0 0 8				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

William F. McDonell

NAME & OFFICIAL TITLE (type or print)

William F. McDonell
Facilities Manager

DATE SIGNED

9-17-80